

PROOF OF CLAIM
 AGAINST
 UNIVERSAL CARE OF TENNESSEE, INC.

(For Liquidator's Use Only)

Claim # _____

Date Received _____

1. **Claimant name** (Party who is executing this claim and to whom payment should be made) _____

2. **Claimant address** (address to which payment should be directed) _____

Street _____ City _____ State _____ Zip Code _____

3. **Contact & Phone #** _____

4. **Contact email address** _____ 5. **Claimant Federal Tax ID** _____

6. **Universal assigned provider number** (located on check remit) _____

CLAIM INFORMATION

7. **Type of claim (check all applicable boxes)**

Pre Claims

Post Claims

(July 1, 2001 – April 11, 2002) (April 12, 2002 – May 31, 2003)

☐ Universal Care of Tennessee, Inc Medical/Pharmacy Contracted Provider ☐ ☐

☐ Universal Care of Tennessee, Inc Medical/Pharmacy Non-Contracted Provider ☐ ☐

☐ Universal Care of Tennessee, Inc. Other Creditor

8. **Attach explanation of why Proof of Claim is being submitted.**

CLAIM DOCUMENTATION AND FULLY COMPLETED W-9 MUST BE ATTACHED TO PROOF OF CLAIM

BEFORE ME, the undersigned Notary Public, appeared the person whose name is subscribed hereto, who states under oath the following: I attest that, after deducting all offsets and counterclaims the above entity is indebted to her/him as contained herein, that this claim is TRUE & CORRECT, justly owed, no part of the amount claimed has been paid by Universal Care of Tennessee, Inc., and should monies from other sources be received, I will IMMEDIATELY contact the Liquidator and report the amount.

9. **Authorized signer name** (Please print) _____

10. **Authorized signer signature** _____

11. **SUBSCRIBED AND SWORN BEFORE ME**, this ____ day of _____, 20____.

Notary Public _____ My Commission Expires: _____

Notary Name Typed/Printed _____

**THE CHANCERY COURT OF DAVIDSON COUNTY HAS ESTABLISHED A
 DEADLINE THAT ALL FULLY COMPLETED PROOFS OF CLAIMS MUST BE**

RECEIVED BY THE LIQUIDATOR

NO LATER THAN

June 15, 2004 AT 4:30 P.M. CST at either of the following

Universal Care of Tennessee in Liquidation
 PO Box 282408
 Nashville, Tennessee 37228

Universal Care of Tennessee in Liquidation
 230 Great Circle Road, Suite 234
 Nashville, Tennessee 37228

Inquiries concerning the Proof of Claim or the status of the liquidation may be directed to
questions@uctliquidation.com or by calling (615) 277-0700.